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COMMITTEE ON PUBLIC HEALTH
TESTIMONY IN SUPPORT OF HB 6645 AN ACT CONCERNING COMPASSIONATE AID IN DYING
FOR TERMINALLY ILL PATIENTS
MARCH 20, 2013

Good morning Senator Gerratana, Representative Johnson, and members of the Committee on Public Health. My name is Elizabeth Ritter and I am the State Representative for the 38th District. I am here to support HB 6645 AN ACT CONCERNING COMPASSIONATE AID IN DYING FOR TERMINALLY ILL PATIENTS.

I first want to thank the Committee for raising this bill. I am particularly pleased to feel confident your discussion will be in the context of the public's health, and that the focus will be on the patient and their wishes and well-being. In other years this bill has been discussed in the context of the Judiciary system, and perhaps other issues in the law have not always kept the discussion focused on the patient.

This bill offers a terminally ill patient an additional choice over how to conduct the end of their life, the choice to end their life themselves. It allows an adult patient that has been determined to be mentally and psychologically competent, terminally ill, and in full control of their decision-making abilities the right to make this choice by requesting a prescription from their physician that they may self-administer at their will to bring about their death. It is strictly voluntary. Only the patient themselves can make the decision to ask for or to use this prescription. No health care provider or facility has to participate in aid in dying.

The bill essentially establishes a procedure for a patient to be determined to be a qualifying patient by reason of a diagnosis of terminal illness by their physician. As with hospice, the diagnosis must be of less than six months to live to qualify. The patient must be able to make and communicate an informed medical decision and must be acting voluntarily.

This bill is modeled after laws in Oregon, Washington and Montana. It first became law in Oregon fifteen years ago. Since then, 64%, or 673, of the prescriptions written have been taken. In that time, the overseeing agency, the State of Oregon's Public Health Department, has found no cases of coercion, abuse or misuse of the law. The experience in Washington is similar, where 62% of the prescriptions written over the past three years, or 157, have been taken.

Medicine today is a tremendously powerful and advanced science. Incredible measures can be taken to extend life in the face of equally incredible odds of survival, very often with marvelous success. But sometimes the measures chosen to extend life do not work, and sometimes those measures themselves create suffering that is difficult to comprehend and impossible to manage even with the most powerful pain medicines of today. It is more likely today in Connecticut that lives end after a longer, degenerative illness than a sudden onset or accident. This process requires patients to make many personal choices – how to treat their condition, where to stay, what kind of help to get, how long to pursue treatment, when to end treatment for a terminal condition. This bill allows that terminally ill patient to also make the decision to end their life.

Thank you for your time and consideration. I am happy to answer any questions.